

VFW



VETERANS OF FOREIGN WARS OF THE U.S.
SERVICE OFFICE CINCINNATI, OHIO
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August 1, 2003

*Richard Larson
Executive Director
CARES Commission
Department of Veterans Affairs*

Sir:

In July 2003, I notified your office that I have accepted the invitation to appear at the August 12, 2003 Capital Asset Realignment for Enhanced Service (CARES) Commission public hearing.

In accordance with my Representative attendance during the CARES Commission Hearing, the following are my planned "oral" input statement outlines, which are as follows:


Subject:
Homeless Veterans

Nursing Home Care

Mental Health Care

As a Service Organization Representative, I appreciate the opportunity to appear before the Commission at the planned public hearing, and look forward to this opportunity accordingly.


*James (Jim) Eddins Jr.
Asst Dept Service Officer*

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Telecopy Cover Sheet

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Person sending: Clarence H. Garsee, Senior Benefits Advocate

Message: Oral testimony to be given August 12, 2003, Cleveland Ohio. Sorry for the delay, but it was our understanding that you had already received this information from our PVA headquarters in Washington DC. Please call if you need additional information.

"The information contained in this facsimile message may be privileged and confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you received this communication in error, please immediately notify us at one the telephone numbers listed above and return the original message to us at the above address via the U.S. Postal Service. Thank you."

REVISED CARES TALKING POINTS (8/1/03)

Members of the Commission, the Buckeye Chapter of the Paralyzed Veterans of America (PVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative. PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office who in turn provided them to you. On the whole, the Buckeye feels relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

The Buckeye Chapter of PVA supports the addition of 20 SCI long-term beds at the Wade Park SCI center. However, the Buckeye Chapter would like clarification regarding the timeframe for these much needed beds. We are pleased to see that VA's recent CARES document continues to support the addition of 20 SCI long-term cares beds at the Cleveland facility.

We also feel that VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For us, long-term care means a mix of services such as: hospital based home care, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Finally, the Buckeye Chapter must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

Once again the Buckeye Chapter stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please don't hesitate to contact me at (CHAPTER CONTACT INFORMATION).

Thank you for listening to our concerns.

TO: CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES (CARES)
COMMISSION

FROM: DAVID MAY, OHIO REGIONAL GROUP
BLINDED VETERANS ASSOCIATION

DATE: AUGUST 7, 2003

SUBJECT: VA CARES VISN 10
CLEVELAND and COLUMBUS MEDICAL CENTERS

As a stakeholder in VISN 10, thank you for the opportunity to express my views concerning services for blind veterans.

The Blinded Veterans Association (BVA) is the only Congressionally chartered Veterans Service Organization exclusively dedicated to serving the needs of our nation's blinded veterans and their families. BVA was organized in 1945 and became Congressionally chartered in 1958. Our Congressional Charter designates BVA as the organizational advocate for all blinded veterans before the executive and legislative branches of government. BVA was instrumental in the establishment and growth of the Department of Veterans Affairs (VA) Blind Rehabilitation Service (BRS). Our organization closely monitors the effectiveness of the BRS program and VA's capacity to provide comprehensive services.

VISN 10

We are very fortunate that Mr. Montague, Director of the Cleveland VA Medical Center, has proposed a new Blind Rehabilitation Center (BRC) for VISN 10 at the Cleveland VA Medical Center in the VISN 10 CARES Plan. Our blind veterans in VISN 10 are waiting up to a year and more to be admitted to a BRC. *This is truly shameful and unacceptable.* The first time I went to blind rehab, the waiting time was only 4-6 months.

Mr. Montague has been upfront with the veterans' service organizations' service officers regarding the proposal for consolidation of the Brecksville and Wade Park Divisions with the Cleveland VA Medical Center. The VISN 10 CARES plan will save funds that can be used to provide better service for veterans in the future.

While we enthusiastically support the creation of the BRC, we would also hope the VISN would further examine the CARES Blind Rehabilitation Program recommendations. One of these recommendations is the addition of a Blind Rehabilitation Outpatient Specialist

(BROS) to every Visual Impairment Service Team (VIST) when a facility employs a full time VIST Coordinator.

In January 1997, the VISN 10 Rehabilitation Care Council formed a Blind Rehabilitation Work Group Committee to improve services for blind veterans. Committee members included VIST Coordinators, BROS, and four blind veterans, from across VISN 10, as stakeholder representatives. The Executive Leadership Council of VISN 10 approved the recommendation of the Blind Rehabilitation Work Group to relocate a full-time VIST coordinator from Dayton to Columbus. This action was to establish and improve services for our blind veterans living in central and southern Ohio. A BROS position was established at the Cleveland VA Medical Center in 1996. Our Blind Rehabilitation Work Group Committee, on two occasions, made recommendations to the leadership of VISN 10, to provide equal services in all part of the VISN. Providing equal services would mean establishing a BROS position to address the needs of our blind veterans living in central and southern Ohio.

VA's VISN 10 Visual Impairment Service Team (VIST) coordinators, BROS, and BVA Ohio Regional Group's officers, through the Blind Rehabilitation Work Group Committee, have accomplished many goals. Services for blind veterans have improved in VISN 10, *with the exception of blind veterans living in central and southern Ohio, who still lack a BROS.*

Utilizing visual aids and learning new coping skills can assist in overcoming blindness. However, when our older blinded veterans with multiple of health problems are waiting to be admitted to a BRC, providing outpatient services locally is the appropriate thing to do. The delivery of outpatient rehabilitation services can prove to be cost efficient for veterans who have rehabilitation needs but are unable to attend the residential program. Many of those individuals may be at risk and should not be denied essential rehabilitative services.

Proposing a new world class BRC in Cleveland is truly the gem of his proposal. I have great confidence in Mr. Montague's leadership abilities to provide improved services for all veterans including blind veterans using the Cleveland VA Medical Center.

In closing, on behalf of our VISN 10 blind veterans and as a stakeholder, **I strongly support the CARES plan to merge Brecksville Division with the Wade Park Division and establishing a new BRC in VISN 10.** The money saved by not maintaining an older Brecksville Division will allow the CARES plan to pay for itself. This is a plan that will provide improved services to veterans with special needs, as well as future veterans. I urge the CARES Commission to stand behind Mr. Montague's hopeful vision.



To: CARES Committee

FROM: John P "J.P." Brown III, AMVETS National Executive Committeeman
Department of Ohio

**Re: Capital Asset Realignment for Enhanced Services
Louis Stokes Cleveland VAMC**

On behalf of the AMVETS, I am pleased to provide some observations about the VA in northern Ohio, and make some comments on the proposal to consolidate Brecksville and Wade Park to one location.

You are aware of the strides that the VA has made in Ohio and around the country in making it easier for veterans to get to a VA facility for care. The VA has put in place a system of outpatient clinics both in northern Ohio and around the state that has dramatically improved access to care. Over the past six years, the VA has added to its existing VA clinics in Canton and Youngstown, opening community based clinics in Akron, East Liverpool, Lorain, Mansfield, New Philadelphia, Painesville, Sandusky, Cleveland's west side, Ravenna, and Warren. Building on these improvements in access to care sets the stage for the next important step - upgrading inpatient facilities. The proposal to make those improvements by consolidating inpatient programs to Wade Park is a good idea that deserves our support.

The growth of the number of veterans served by the Louis Stokes Cleveland VAMC has been extraordinary. In 1997, the VAMC served about 37,000 individual veterans over the course of a twelve-month period. Last year the total was over 71,000. That number has already been surpassed in June of this year, and will reach 80,000 by September 2003. This is more than a 100% increase in six years. Most growth continues to be in services provided on an outpatient basis.

Consolidating inpatient programs into a new facility on the Wade Park Campus will allow the VA to care for more veterans, and free up resources for new programs that are needed here in Ohio. Every dollar now spent moving patients, staff, and material between Wade Park and Brecksville, every dollar spent in the upkeep of an out of date facility can be put to better use serving veterans.

As an example, veterans at the nursing home and in mental health programs at Brecksville are currently sent by ambulance or helicopter to and from Wade Park. This delays their care, costs money that could otherwise be spent on patient care, and consumes a lot of staff time. With a consolidated facility, patients can move from long

term to acute or intensive care in a matter of minutes, without facing long travel time and other delays in care.

The new construction will provide an environment of care that is up to date, with appropriate technology and medical systems built in from the ground up.

The consolidation will also allow Cleveland to be the site of a Comprehensive Rehabilitation Program, offering services to veterans that are not feasible now in the two locations.

The consolidation will allow Cleveland to be the site of a Blind Rehabilitation Center, providing specialty rehabilitation to visually impaired veterans. Currently Ohio veterans wait up to one year to receive this type of rehabilitation and must travel to Chicago, Illinois to receive it.

Consolidating long term and inpatient mental health programs patient care operations at Wade Park will make it easier to recruit physicians that are part of the Case Western Reserve University School of Medicine, allowing patients to benefit from care provided by physicians who are on the faculty of one of the nation's most prestigious medical schools.

In addition, up keep and maintenance of a new facility will cost less than that of the old, based on more effective use of space, new design, and better energy efficiency.

Programs and activities that are now duplicated due to operating two facilities will be consolidated, with 500,000 square feet of space eliminated.

During the construction and renovation of space at Wade Park, there are up to \$27 million in scheduled projects that could be avoided at Brecksville over the next three to four fiscal years. These savings would not impair maintaining a safe and workable environment at Brecksville in the time leading to consolidation.

The Louis Stokes Cleveland VAMC has more centers of clinical excellence then any other VA facility in the nation. It has surgical outcomes among the best in the VA. And it has maintained and expanded accreditation of its clinical and education programs, including those from the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities.

The leadership of the Louis Stokes Cleveland VA and the VA Healthcare system of Ohio has demonstrated their commitment to serving veterans, to making health care for veterans second to none, and serving more veterans and serving them better. Veteran service organizations have been a part of the conversations that have led us to today's hearing. Many, including myself have been afforded the opportunity to speak to the issues facing veterans and the VA throughout Ohio. We have been given a chance to help shape the VA's response to those issues. Over the past several years, I have worked closely with medical center management and can speak first hand to the good work that they have done. They do a good job with the resources available to them. I encourage you to support this next step. It is an important advance in addressing the physical facilities of the VA in northern Ohio and providing the resources that are needed to keep America's promise to veterans.